

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|---------|---------|
| FEE DETERMINATION | <i>CS</i> | | |
| O.I.P.E. CLASSIFIER | | | 5/6 |
| FORMALITY REVIEW | <i>Q</i> | 7/16/98 | 5-10-00 |
| RESPONSE FORMALITY REVIEW | | | 7/21 |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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